

House Bill 403

By: Representatives Hembree of the 67<sup>th</sup>, Dollar of the 45<sup>th</sup>, Neal of the 1<sup>st</sup>, and Coan of the 101<sup>st</sup>

A BILL TO BE ENTITLED  
AN ACT

To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, so as to provide definitions; to require certain disclosures regarding the provision of certain anatomic pathology services; to prohibit physicians from charging a markup, commission, or profit on the actual amount paid or to be paid for an anatomic pathology service performed or supervised by another physician; to provide for exceptions; to provide for enforcement; to provide that no patient, insurer, or third party payor shall be required to reimburse and licensed practitioner for charges or claims for anatomic pathology services that are not in accordance with the provisions of law regarding payment for such services; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, is amended by adding a new Code section to read as follows:

"33-24-27.3.

(a) For purposes of this Code section, the term 'anatomic pathology service' means:

(1) Histopathology or surgical pathology, which means the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician;

(2) Cytopathology, which means the microscopic examination of cells from the following: fluids, aspirates, washings, brushings, or smears, including a Pap test examination, performed by a physician or under the supervision of a physician;

(3) Hematology, which means the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician or under the supervision of a physician and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by the pathologist;

(4) Subcellular pathology and molecular pathology; or  
(5) Blood banking services performed by pathologists.  
Anatomic pathology service does not include the initial collection or packaging of a  
specimen for transport.  
(b) A physician who orders an anatomic pathology service for a patient and does not  
supervise or perform a component of the service shall disclose in any bill or in a separate  
statement for such service presented to the patient, insurer, or other third-party payor:  
(1) The name and address of the physician or laboratory that provided the anatomic  
pathology service; and  
(2) The actual amount paid or to be paid for each anatomic pathology service provided  
to the patient by the physician or laboratory that performed the service.  
(c) The disclosure requirement under subsection (b) of this Code section shall not be  
required when the anatomic pathology service is ordered by a hospital, a public health  
clinic, or a state or federal agency, or the agent of that agency, on behalf of the patient.  
(d) Any physician subject to subsection (b) of this Code section shall not charge a markup,  
commission, or profit on the actual amount paid or to be paid for an anatomic pathology  
service performed or supervised by another physician; provided, however, that a physician  
taking a patient specimen may make an acquisition charge or processing charge that is  
coded distinct from the anatomic pathology service.  
(e) The Composite State Board of Medical Examiners may revoke, suspend, or deny  
renewal of the license of any physician who violates the provisions of this Code section.  
(f) No patient, insurer, or third party payor shall be required to reimburse any licensed  
practitioner for charges or claims submitted for anatomic pathology services that are not  
in accordance with the provisions of this Code section."

## **SECTION 2.**

All laws and parts of laws in conflict with this Act are repealed.